

FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly		-9	11102	005 KW	•
1. Committee		3. Type of Filing			
Identification No.		Original	مب		.•
69616 50		Amendment to Item(s) _			
2. Full Name of Committee		Date Change To	ok Place		
CLE JOHN (. HER	2121	Lt ,)	12 .	91	
		Month	Day	Year	
4. Candidate Name		County of Residence			
	*	4			•
Office Sought (include district or jurisdiction	on served) ,	Party (if applicable)			
5. Committee Street Address (street, city, str	ate, zip code)	5a. Committee Mailing Addre	ess (if differ	ent from street ac	dress)
71 NORTH AVE		!	(- .		
MT CLEMENS, N	U 48043	 			
	, () -			Ex 25	
		l l		HAC THAC	
6. Date Committee Was Formed	8. Full Name and Mailing Addres	ss of Treasurer	Are	are Sepand Phone	9
Mo. Day Yr.				M C A	· <u>ग</u>
7. Committee Area Code and Phone		•		SCE TO	_
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9. Identify the person who will be responsible for th	e committee's records and Committee's	Statement filings if committee's tra-	sauros will bo	partie Those of Tablesia	ilitaa .
leave inis item blank.	,	natement inings.ii committee's tree	asurer will ria	TO THE SE TESOPHISID	
Name	Mailing Address	· · · · · · · · · · · · · · · · · · ·		æ × <u>99</u>	Area Code/Phone
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10. REPORTING WAIVER SECTION			<u>".</u>		
The Committee does NOT expect to	receive or expend in excess of \$	S1,000.00 in an election.			, - .
11. Names and addresses of depositories or	intended depositories of committee	e funds (list both official den	ositon		
and any secondary depositories).		re values (not both official dop	0311017	12. This item ar gubernatorial	oplies only to a Candidate Com-
•			[mittee.	
		**			this committee o seek qualifying
				contribution	1 1 4
				funding.	
13. Verification: I/We certify that all reasona	ble diligence was used in the pro-	eparation of the above stater	nent, and ti	hat the contents	are true, accurate an
complete to the best of my/	our knowledge or belief.	• •			
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Treasurer A A	JUL /			D-4-	
Type or Print Name	,	Signature	1	Date Mo.	Day Yea
Candidate JOHN C. HER:	TEL /	ha Ca Heitel	$\overline{\mathcal{T}}$	Date <u>4</u>	10
Type or Print Name		Signature		Mo.	Day Yea
14. FOR OFFICEHOLDERS' USE ONLY	Y (Complete only if you have esta	blished an Officeholder Expen	se Fund)	2.1	
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14a. Full Name and Address of Officeholder.		Address of Treasurer of	∍ 14c.		ense Fund Depository
Expense Fund	Officeholder E	xpense Fund	** P	Name and Addre	ess
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CFR 101 (5/89)	Authorite avented and a	388 of 1976, as amended	1.		
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ATEMENT OF ORGANIZ FOR CANDIDATE COMMITTEE

FILED

MICHIGAN DEPARTMENT OF STATE Elections Division

Nov 1, 12 01 PM 199

Type or Print Clearly	89305009 Ke
1. Committee Identification No. 6 -50	3. Type of Filing Amendment to Item(s) MACOMB COUNTY OF A MILITARY MT. SEMENS, MILITARY MT. SEMENS, MILITARY
COMMITTE TO SLECT JOHN C. HERTEL	Effective Date of Amendment 10 30 89 Month Day Year
4. Candidate Name JOHN C. HERTEL Office Sought Commissioner Dist 14	County of Residence Macomb Party (if applicable) DEMOCRATIC
5. Committee Street Address (street, city, state, zip code) 28305 THIRTY MIZROD RICHMOND, MI 48062	5a. Committee Mailing Address (if different from street address)
6. Date Committee Was Formed 8. Full Name and Mailing Add TIMOTHY A 7. Committee Area Code and Phone (313) 749. 9255 Wt. CLSMEN	BAHOKSKI 313 469 1111
9. Identify the Principal Officers of this Committee, other than the Treasurer	109, 10(1) 10013
Name Title or Position	Mailing Address Area Code/Phone
10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of	\$1,000.00 in an election.
11. Names and addresses of depositories or intended depositories of commit and any secondary depositories). FIRST NATIONAL BANK 49 MACOMB PLACE Mount CLMMS, MI 4804	gubernatorial Candidate Committee. Check if this committee intends to seek qualifying
13. Verification: I/We certify that all reasonable diligence was used in the complete to the best of my/our knowledge or belief. Treasurer Type or Print Name Candidate Type or Print Name	Date No. Day Yes Signature Date Mo. Day Yes Mo. Day
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have es	itablished an Officeholder Expense Fund)
	nd Address of Treasurer of Expense Fund Depositor Name and Address Tikes

Mt. CISMENS, MI 48043 Mt. CLEMENS, MI



CFR 101 (2/86)

TATEMENT OF ORGANITON FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

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Type or Print Clearly		
1. Committee	3. Type of Filing	
69616 - 50	Original Amendment to Item(s) 4 5 7 8	11
2. Full Name of Committee	Effective Date of Amendment	,
Committee to Elect	5 16 8	38
John C. Hertel	Month Day	/ear
4. Candidate Name John C. Hertel	County of Residence Macomb	•
Office Sought County Commissioner -	Party (if applicable) DEMOCROT	
District 14	JEMOCKO)	
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if different from s	treet address)
28305 Thirty Mile Rd.		
Richmond, MI 48062		
6. Date Committee Was Formed 8. Full Name and Mailing Addre	ss of Treasurer Bahorski (313)46	
	100 MOPS (1 (3/3) 40	
7. Committee Area Code and Phone 37 Macomb	141 (1900) . (11)	
(313) 749 - 9255 Mt. Clemens, 9. Identify the Principal Officers of this Committee, other than the Treasurer	M1 98226-9110	,
Name Title or Position	Mailing Address	Area Code/Phone
Name Title of Fosition	Maining Address	Area Code/Filone
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10 DEPORTING WAIVER SECTION	CO man	
10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of	S1,000.00 in an election.	60
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The Committee does NOT expect to receive or expend in excess of 11. Names and addresses of depositories or intended depositories of committee and any secondary depositories).	ee funds (list both official depository 12. 刊家	item applies only to a natoring Candidate Com-
The Committee does NOT expect to receive or expend in excess of the same and addresses of depositories or intended depositories of committee and any secondary depositories). FROT NATIONAL BANK 49 MACOMB PLACE	ee funds (list both official depository 12. 刊版 mitte	item applies only to a rate of the Candidate Com-
The Committee does NOT expect to receive or expend in excess of 11. Names and addresses of depositories or intended depositories of committee and any secondary depositories). FROT NATIONAL BANK	ee funds (list both official depository 12. This mittee in the control of the co	item applies only to a riatory Candidate Com-
The Committee does NOT expect to receive or expend in excess of the same and addresses of depositories or intended depositories of committee and any secondary depositories). FROT NATIONAL BANK 49 MACOMB PLACE	ee funds (list both official depository 12. This makes	item applies only to a natoric Candidate Com-
The Committee does NOT expect to receive or expend in excess of a state of the committee of	ee funds (list both official depository 12. This matter in the control of the co	item applies only to a material Candidate Com- beck this committee tends to seek qualifying contributions for public anding.
The Committee does NOT expect to receive or expend in excess of a state of the committee of	ee funds (list both official depository 12. This matter in the control of the co	item applies only to a material Candidate Com- beck this committee tends to seek qualifying contributions for public anding.
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The Committee does NOT expect to receive or expend in excess of a linear to receive or expend in excess or expend in e	ee funds (list both official depository 12. This makes the property of the above statement, and that the company of the above statement	item applies only to a fratories Candidate Com- inatories Candidate Com
The Committee does NOT expect to receive or expend in excess of: 11. Names and addresses of depositories or intended depositories of committee and any secondary depositories). FIRST NATIONAL BANK 49 MACOMB PLACE MOUNT CLEMMINS, M. 48043 13. Verification: I/We certify that all reasonable diligence was used in the procomplete to the best of my/our knowledge or belief. Treasurer Type or Print Name	ee funds (list both official depository 12. This matter is a construction of the above statement, and that the construction of the statement is signature.)	item applies only to a fratorist Candidate Com- item applies on the complex candidate Com- item a
The Committee does NOT expect to receive or expend in excess of a committee and any secondary depositories or intended depositories of committee and any secondary depositories). FRST NATIONAL BANK 49 MACOMB PLACE MOUNT CLEMENS, M 48043 13. Verification: I/We certify that all reasonable diligence was used in the procomplete to the best of my/our knowledge or belief. Treasurer Type or Print Name Candidate OHN HERTS Type or Print Name	ee funds (list both official depository 12. This subset maittee in the control of the above statement, and that the control of the signature	item applies only to a fratories Candidate Com- inatories Candidate Com
The Committee does NOT expect to receive or expend in excess of a large to receive or expend in excess or ex	ee funds (list both official depository 12. This subset maittee in the control of the above statement, and that the control of the signature	item applies only to a fratories Candidate Com- inatories Candidate Com
The Committee does NOT expect to receive or expend in excess of: 11. Names and addresses of depositories or intended depositories of committee and any secondary depositories). FIRST NATIONAL BANK 49 MACOMB PLACE MOUNT CLEMMONS, M 48043 13. Verification: I/We certify that all reasonable diligence was used in the procomplete to the best of my/our knowledge or belief. Treasurer Timothy A BANDESKI Type or Print Name Candidate DAN C. HERTE 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have est than 14. Full Name and Address of Officeholder 14b. Full Name and Secondary 14b. Full Name 25b. Ful	reparation of the above statement, and that the constitute of the signature of the statement of the above statemen	item applies of to a material composition of the committee and the committee and the contributions for public anding. MAY 1 6 1988 The Mo. Day the Mo. Day Year of the Committee and the Commi
The Committee does NOT expect to receive or expend in excess of: 11. Names and addresses of depositories or intended depositories of committee and any secondary depositories). FIRST NATIONAL BANK 49 MACOMB PLACE WOUNT CLEMENS, M. 48043 13. Verification: I/We certify that all reasonable diligence was used in the procomplete to the best of my/our knowledge or belief. Treasurer Timothy A. BANDESKI Type or Print Name Candidate JOHN . HERTE	reparation of the above statement, and that the constitute of the signature of the statement of the above statemen	item applies only to a ratory Candidate Comparison Candidate Comparison to seek qualifying contributions for public anding. MAY 1 6 1988 The Mo. Day Tear Mo. Day Year
The Committee does NOT expect to receive or expend in excess of: 11. Names and addresses of depositories or intended depositories of committee and any secondary depositories). FIRST NATIONAL BANK 49 MACOMB PLACE MOUNT CLEMMONS, M 48043 13. Verification: I/We certify that all reasonable diligence was used in the procomplete to the best of my/our knowledge or belief. Treasurer Timothy A BANDESKI Type or Print Name Candidate DAN C. HERTE 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have est than 14. Full Name and Address of Officeholder 14b. Full Name and Secondary 14b. Full Name 25b. Ful	reparation of the above statement, and that the constitute of the signature of the statement of the above statemen	item applies of to a material composition of the committee and the committee and the contributions for public anding. MAY 1 6 1988 The Mo. Day the Mo. Day Year of the Committee and the Commi





MICHIGAN DEPARTMENT OF STATE Elections Division

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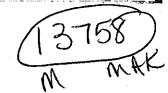
Type or Print Clearly

CFR 101 (2/86)

			
1. Committee Identification No.		3. Type of Filing	
69616-50			County Transfer #123364
		XXAmendment to Item(s)	_ · · ·
2. Full Name of Committee		Effective Date of A	Amendment
Committee to Elect John	C. Hertel	1/15/88 Month	Day Year
4. Candidate Name John C.	tentel	County of Residence	
DOM C.	ier iei		MACOMB
Office Sought		Party (if applicable)	PIACOTID
5. Committee Street Address (street, city, str	ate, zip code)	5a. Committee Mailing Address	(if different from street address)
1081 Maryland		1	
Grosse Pointe Park, MI	48230	i	
diobbe formed falk, in	10250		
6. Date Committee Was Formed	(8. Full)Name and Mailing Addre	ess of Treasurer	Area Code and Phone
,			
Mo. Day Yr. 7. Committee Area Code and Phone	John E. Mogi	^	
313 824-6043	1313 0141		20
		ark, MI 48230	
9. Identify the Principal Officers of this Comr			
Name	Title or Position	Mailing Address	Area Code/Phone
			27.77
10. REPORTING WAIVER SECTION			Veriffe_E
The Committee does NOT expect to	receive or expend in excess of	\$1,000.00 in an election.	•
11. Names and addresses of depositories or	intended depositories of committ	tee funds (list both official deposito	ory 12. This item applies only to a
and any secondary depositories).		•	gubernatorial Candidate Com-
National Bank of	Letroit		mittee.
17449 E. Jeffer	son		☐ Check if this committee intends to seek qualifying
·	6		contributions for public funding.
Grasse Pointe, MI			
13. Verification: I/We certify that all reasons complete to the best of my/	ible diligence was used in the p /our knowledge or belief.	reparation of the above statement	t, and that the contents are true, accurate and
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	$\langle \wedge \rangle$	I M or	
Treasurer John E. Mogk Type or Print Name	- letin	1 6. 1160R	Date 1 31 8
Talla C. Handal		Signature	
Candidate <u>John C. Hertel</u> Type or Print Name		Signature	Date Date Year
		•	1
14. FOR OFFICEHOLDERS' USE ONL'	Y (Complete only if you have est	tablished an Officeholder Expense	Fund)
14a. Full Name and Address of Officeholder	114h Full Name er	nd Address of Treasurer of	 14c. Officeholder Expense Fund Depository
Expense Fund	Officeholder		Name and Address
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE



MICHIGAN DEPARTMENT OF STATE

	Elections Division
Type or Print Clearly	
1. Committee	3. Type of Filing
123364 6961 5 -5	
123364	Amendment to Item(s) 4,5,7
2. Full Name of Committee	Effective Date of Amendment
Committee to Elect John C. Herte	1 15 88
	Month Day Year
4. Candidate Name	County of Residence MACOMB
	HACOND
Office Sought .	Party (if applicable)
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if different from street address) '
1081 Maryland	And the second of the second o
Grosse Pointe Park, MI 48230	
6. Date Committee Was Formed 8. Full Name and	Mailing Address of Treasurer Area-Code and Phone
o. Puli raine and	Mailing Address of Treasurer Area-t-code and Thorie
Mo. Day Yr.	
7. Committee Area Code and Phone	
(313) 824-6043	
9. Identify the Principal Officers of this Committee, other than the	
Name Title or Position	
and the second of the second o	The state of the s
The state of the s	
and the second of the second o	
10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend.	in excess of \$1,000.00 in an election.
11. Names and addresses of depositories or intended depositori	and the properties of the second section of the second sec
and any secondary depositories).	gubernatorial Candidaté Com- mittee.
	Check if this committee
	intends to seek qualifying_
	contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was a complete to the best of my/our knowledge or it	used in the preparation of the above statement, and that the contents are true, accur- belief.
	f(x) = f(x)
Treasurer John E. Mogk	Signature Date 15 & Mo. Day Ye
Type or Print Name	Signature Mo. Day Ye
Candidate John C. Hertel / Type or Print Name	Signature Date Mo. Day Ye
	7
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if	Lyou have established an Officeholder Evnance Evant
14. FOR OFFICEROLDERS USE ONLY (Complete only if	уод наув выдлівной вп Отновнойов Ехропов Рипа)
14a. Full Name and Address of Officeholder (14b.	Full Name and Address of Treasurer of 14c. Officeholder Expense Fund Depositor
Expense Fund	Officeholder Expense Fund Name and Address



TEMENT OF ORGANIA FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE **Elections Division**

JAN 1 9 1988

Type or Print Clearly

CFR 101 (2/86)

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Committee Identification No.		3. Type of Filing	
123364		Original Amendment to Item(s) 4,5,7	
2. Full Name of Committee		Effective Date of Amendme	ent
Committee to Elect Jo	hn C. Hertel	1 15	88
		Month Day	Year
4. Candidate Name		County of Residence MACOMB	
,		MACOMB	
Office Sought		Party (if applicable)	
5. Committee Street Address (street, city, sta	te, zip code)	5a. Committee Mailing Address (if differ	ent from street address)
1081 Maryland) 	
Grosse Pointe Park, N	41 48230	į	
	•	1	
6. Date Committee Was Formed	8. Full Name and Mailing A	Address of Treasurer Are	a Code and Phone
Mo. Day Yr.			
7. Committee Area Code and Phone			
(313) 824-6043			
9. Identify the Principal Officers of this Comn	nittee, other than the Treasu	rer	
Name	Title or Position	Mailing Address	Area Code/Phone
	·		
10. REPORTING WAIVER SECTION The Committee does NOT expect to	receive or expend in excess	s of \$1,000,00 in an election.	
Names and addresses of depositories or and any secondary depositories).	<u> </u>		12. This item applies only to a gubernatorial Candidate Com-
	· ·		mittee.
			L Check if this committee intends to seek qualifying
			contributions for public funding.
13. Verification: I/We certify that all reasons complete to the best of my,	able diligence was used in to Your knowledge or belief.	the preparation of the above statement, and	that the contents are true, accurate and
:	,	() ((m)	,
Treasurer John E. Mogk		John 6, /1/09	Date / /5 && Year
Type or Print Name	11	7) Signature	1 15 88
Candidate John C. Hertel Type or Print Name	/ <i>S</i>	Signature	Mo. Day Year
Type of this trains			
14. FOR OFFICEHOLDERS' USE ONL	Y (Complete only if you hav	ve established an Officeholder Expense Fund)	
14a. Full Name and Address of Officeholder			c. Officeholder Expense Fund Depository
Expense Fund	Ufficeno	older Expense Fund	Name and Address
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CFR 101 (2/86)

FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE Elections Division

Type or Print Clearly				JAMES	A CLE
1. Committee		3. Type of Filing		VIII 13	198 8
Identification No.		Original		BY	裁】
123364		-	,5,7		- ST
2. Full Name of Committee Committee to Elect Jo	hn C. Hertel	Effective Date of A			/
Committee to Figure 10	og nørger	<u> </u>	5	98 Year	·
4. Condidate Name		County of Residence		i dai	
4. Candidate Name		MACOMI	В		
Office Saught		Party (if applicable)			
Office Sought		Tarry to approants			
5. Committee Street Address (street, city, stat	'e zin code)	5a. Committee Mailing Address	(if different	from street address	,
1081 Maryland	to, zip oodej	Ju. Sommittee Maining Address	, wii vi vii li	23,000,000	
Grosse Pointe Park, M	11 48230				
				*	
				<u></u>	
6. Date Committee Was Formed	8. Full Name and Mailing Addre	ess of Treasurer	Area (Code and Phone	
Mo. Day Yr.			n .		
7. Committee Area Code and Phone				<i>급하</i> 생활.	sal.
(313) 824-6043			•	्र 	
9. Identify the Principal Officers of this Comm	ittee, other than the Treasurer			·	
	Title or Position	Mailing Address		Area	Code/Phone
Name	THE OF FORMOR	wanny nuuroo		Ci 96	4
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10. REPORTING WAIVER SECTION		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
The Committee does NOT expect to	receive or expend in excess of	\$1,000.00 in an election.	-		
11. Names and addresses of depositories or and any secondary depositories).	intended depositories of commit	tee funds (list both official deposit	ory 12	2. This item applies gubernatorial Cand	
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				L_J Check if this intends to see	ek qualifying
		and the state of t	* 1	contributions funding.	tor public
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13. Verification: I/We certify that all reasonal complete to the best of my/o	ble diligence was used in the pour knowledge or belief.	preparation of the above statemen	nt, and tha	t the contents are t	rue, accurate an
	" port	7///	/		
	/ ()	Who E. M.	10K	Date	15 88
Treasurer John E. Mogk Type or Print Name	· M	Signature	T	Mo.	Day Yea
Candidate John C. Hertel	/ Vor	In C. Hartel		Date	15 88
Type or Print Name	A	Signature		Mo.	∪ay Yea
14. FOR OFFICEHOLDERS' USE ONLY	(Complete only if you have es	tablished an Officeholder Expense	Fund)		. •
			1	December 5	Fund Desire
14a. Full Name and Address of Officeholder Expense Fund		nd Address of Treasurer of Expense Fund		Officeholder Expense Name and Address	runa Depository
Expense rand)	•	į		
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MICHIGAN DEPARTMENT OF STATE Elections Division

Type or Print Clearly

1. Committee		3. Type of Filing			
Identification No. 69616–50		XXX Original from Wayne County Transfer #123364			
		Effective Date of Amendment			
2. Full Name of Committee			nament .		
Committee to Elect John	C. Hertel	<u>1/15/88</u> Month Day	Year		
4. Candidate Name		County of Residence			
055		M. M. M. M. M. M. M. M. M. M. M. M. M. M	ACOMB		
Office Sought		Party (if applicable)			
5. Committee Street Address (street, city, sta	ite, zip code)	5a. Committee Mailing Address (if o	lifferent from street address)		
1081 Maryland		İ			
Grosse Pointe Park, MI	48230	 			
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6. Date Committee Was Formed	8. Full Name and Mailing Address	ss of Treasurer	Area Code and Phone		
Mo. Day Yr.					
7. Committee Area Code and Phone					
313 824-6043					
9. Identify the Principal Officers of this Comm	nittee, other than the Treasurer	<u></u>			
Name	Title or Position	Mailing Address	Area Code/Phone		
		•			
10. REPORTING WAIVER SECTION The Committee does NOT expect to	receive or expend in excess of S	S1.000.00 in an election.			
11. Names and addresses of depositories or			12 This item applies only to a		
and any secondary depositories).		,	12. This item applies only to a gubernatorial Candidate Com-		
			mittee.		
			L Check if this committee intends to seek qualifying		
			contributions for public funding.		
		·	runding.		
 Verification: I/We certify that all reasona complete to the best of my/ 		eparation of the above statement, as	nd that the contents are true, accurate and		
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Take To Mark	/		_		
Treasurer John E. Mogk Type or Print Name		Signature	Date Day Ye		
Candidate John C. Hertel	/	- 3 - · · ·			
Type or Print Name		Signature	Date Mo. Day Year		
44 500 OFFICENCY DEPOY 1105 GW					
14. FOR OFFICEHOLDERS' USE ONLY	/ (Complete only if you have esta	blished an Officeholder Expense Fund	1)		
14a. Full Name and Address of Officeholder			14c. Officeholder Expense Fund Depository		
Expense Fund	Officeholder E	xpense runo	Name and Address		
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CFR 101 (2/86)	Authority granted under Act	: 388 of 1976, as amended.			